

## MINING CLAIM PRODUCTION REPORT

2014 OFFICIAL REQUIREMENT

172 West Third Street  
San Bernardino, CA 92415-0310  
www.sbcounty.gov/assessor

This statement is not a public document. The information contained herein will be held secret by the Assessor (Code section 451); it can be disclosed only to the District Attorney, Grand Jury, and other agencies specified in Code section 408. Attached schedules are considered to be part of the statement.

A report submitted on this form is required of you by section 441(a) of the Revenue and Taxation Code (Code). This statement must be completed according to the instructions and filed with the Assessor on or before April 1. Failure to file it on time will compel the Assessor's Office to estimate the value of your property from other information in its possession and add a penalty of 10 percent as required by Code Section 463.

Carefully read and follow the accompanying instructions.  
If additional detail is necessary, attach separate page.

1. NAME AND MAILING ADDRESS.

(make necessary corrections to printed name and mailing address)

2. TELEPHONE NO. ( )

3. OUR RECORDS INDICATE THAT YOU ARE THE HOLDER OF THE CLAIM(S) LISTED:

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4. HAVE ANY OF THE ABOVE CLAIM(S) BEEN QUITCLAIMED OR ABANDONED BY YOU?  
☐ YES ☐ NO IF YES, WHICH ONES? \_\_\_\_\_

5. IF YOU ACQUIRED OR SOLD ANY OF YOUR CLAIM(S) SINCE JANUARY 1 OF LAST YEAR, LIST THOSE PURCHASED OR SOLD AND THE PURCHASE OR SALE PRICE			
Claim Name	(CHECK ONE)		Purchase or Sale Price
	Purchase	Sale	
			\$

6. HAS YOUR CLAIM(S) BEEN MINED AT ANY TIME IN THE PAST? ☐ YES ☐ NO  
IF YES, WHEN? \_\_\_\_\_

7. IF NOT MINED IN THE PAST YEAR, WHY NOT? \_\_\_\_\_

8. OPERATING STATEMENT (20_____) ATTACH SEPARATE PAGE IF NECESSARY			
List Claim(s) Active Last Calendar Year	List All Minerals Recovered on Each Claim	Show Quantity of Each Mineral Recovered on Each Claim	Show Income For Each Mineral
			\$

## FOR ASSESSOR ONLY

T.R.A.	PARCEL
BCC.	
DIST.	ZIP
APPRAISER:	
REVIEWED	

9. ASSESSOR'S PARCEL OR BILLING NO. (IF KNOWN)

10. ARE ANY OF YOUR CLAIM(S) PATENTED ☐ YES ☐ NO  
IF YES, WHICH ONE(S) \_\_\_\_\_11. HAS THE NOTICE OF ASSESSMENT WORK AND INTENT TO HOLD YOUR CLAIM(S) BEEN FILED WITH THE FEDERAL BUREAU OF LAND MANAGEMENT BY LAST DECEMBER 30TH?  
☐ YES ☐ NO12. IF YOUR CLAIM(S) IS LOCATED WITHIN THE BOUNDARIES OF A NATIONAL FOREST, HAVE YOU FILED NOTICE(S) OF INTENTION TO OPERATE YOUR CLAIM(S)?  
☐ YES ☐ NO

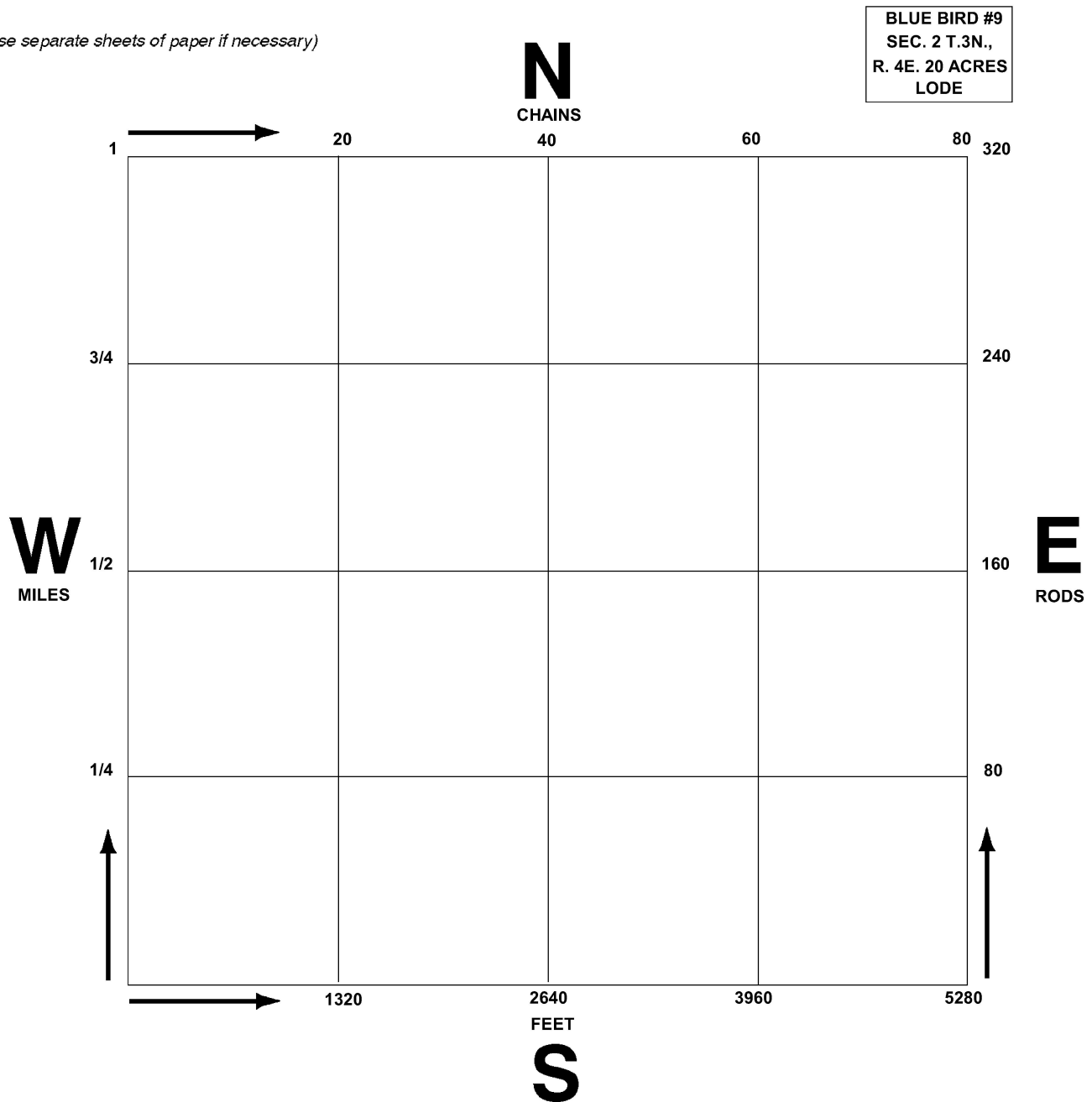
13. ARE THERE ANY BUILDINGS OR MACHINERY ON ANY OF YOUR CLAIM(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
BUILDINGS OR MACHINERY ON CLAIMS			
Describe in Detail	Date Acquired	Installed Cost	Claims on Which Located

## ASSESSOR'S USE ONLY

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The diagram below represents one square mile of land. Draw the outline of your claim(s) and identify it on this diagram by showing the name, section, township and range next to each claim. Indicate whether claim(s) is lode or placer. for example:

(Use separate sheets of paper if necessary)



### DECLARATION BY ASSESSEE

**Note : The following declaration must be completed and signed. If you do not do so, it may result in penalties.**

*I declare under penalty of perjury under the laws of the State of California that I have examined this production report, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all production and all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 2014.*

<b>OWNERSHIP TYPE (✓)</b>  <b>Proprietorship</b> <input type="checkbox"/>  <b>Partnership</b> <input type="checkbox"/>  <b>Corporation</b> <input type="checkbox"/>  <b>Other</b> _____ <input type="checkbox"/>	SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*		DATE
	NAME OF ASSESSEE OR AUTHORIZED AGENT* <i>(typed or printed)</i>		TITLE
	NAME OF LEGAL ENTITY (other than DBA) <i>(typed or printed)</i>		FEDERAL EMPLOYER ID NUMBER
	PREPARER'S NAME AND ADDRESS <i>(typed or printed)</i>	TELEPHONE NUMBER (       )	TITLE

\* Agent: See page S2 instructions for Declaration by Assessee